MARYLAND STATE DEPARTMENT OF HEALTH

8044

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH. Queen Anne. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Confre ville (in this place)	TOWN Centreville X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS Kidwell ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (Aar les (Arroll	COUNDILY DEATH Aug. 6 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE last birthday Unider 1 year Hunder 24 hr Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland. COUNTRY? U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis Connolly	Sarah Ellen Golt.
15. WAS DECRASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Pangle let
(Yes, no, or unknown) (If yes, give war or dates of 218-20-7463-A	Mrs. Rita Evring, Ballimore, Juld.
18. MEDICAL CER	TIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATS
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Hadel Interedent enumates	
Antecedent cause(s) Diseases or conditions, if any, (b)	insufficiency 3 mos.
giving rise to the above cause stating the underlying cause last	-1. 1. 1. 1.
(c) Arleriosclera	Tic cardiovascular Dispose Years.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No th
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY while at Not While Work At work	
22. I hereby certify that I attended the deceased from Ju Me.	, 19 55, to Ass. 6, 19 55, that I last saw the deceased
alive on Aug. 4 1955, and that death occurred at //	: 30 A.m., from the causes and on the date stated above.
alive on 19.2., and that death occurred at 11.	ADDRESS DATE SIGNED
1.50 Dela F. 1. 218	5 7 711 6
p. wa. Macouste, Mw.	Queenslaure, Md. Oug. 6, 1755
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	ty OR GREMATORY LOCATION (City, town, or county) (State)
	o Church - Cardora dalbet & nex
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
V-X-110FAIL (1 bridge to Ball or	11 and of the last of the last

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The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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BUREAU V. &

MARYLAND	STATE DEPARTMENT OF HEALTH—BALT	TMORE, 18 08048
8045	CERTIFICATE OF DEATH	Reg. Dist. No.

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(Type or Print) DWA DEATH COUNTY DEATH Long Type 19 57 S. SEX: 6. COLOR OR 7. SINGLE, MARRED, WIDOWED DIVORCED, Nate of Birth! 9. AGE last birthday; FUNDER 14 HIB. FUNDER 24 HIB. WIDOWED DIVORCED, 10	8. NAME OF (First) (Middle)	(Last)		(Year)
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DATE REC'D BY LOCAL REMEMBAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work 22. I hereby that attended the deceased from	,, 19, to	LOGATION (City, town, or	e stated above. DATE SIGNED 300-1850
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BUREAU V. S.

MARGIN RESERVED FOR BINDING

A15-10-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()8()49

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· 8046 CERTIFICATE OF DI	EATH Reg. Dist. No. 251	
1. PLACE OF DEATH: 2. USUAL F	RESIDENCE (HOME) OF DECEASED:	
COUNTY Queen and MARYLAND Ma. STATE	md. COUNTY Preen Une	
CITY (If overite corporate limits, write RURAL) LENGTH OF STAY CITY(If o	outside comporate limits, write RURAL and give nearest tow	vn)
OR and slive hearest town) (in this place) OR TOWN	Inglesida X	
HOSPITAL OR STREET	(MI rural give location)	
INSTITUTION OR STREET ADDRESS	5	
3. NAME OF (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)	
(Type or Print) SARAH REBECCA FURBLE	USH DEATH: aug. 3 1953	5
5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 9. DATE OF BIRTH: WIDOWED DIVORCED. 188	9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 HR	
	S yrs.	
work done during most of working life. Of INDUSTRY	ACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?	AT
13. FATHER'S NAME:		
James Wiggers	Snish Crevett	
18. WAS DECEMBER EVER IN U.S. ARMED FORCEST / SPICIAL SECURITY NO. 17. INFORM	MANT & ADDRESS:	_
(Yes, no, r with all Yes, give war or dates of service)	Turbush: Crumston	1/2
18. MEDICAL CERTIFICATION	INTERVAL BETWE	EEN
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STATING UNDERLYING CAUSE LAST.	rales Ibacola pen Zeers	9
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Y	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	12
	YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WH	HERE DID (City or town) (County) (State)	_
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)		
OF INJURY M. 21E INJURY OCCURRED 21F. HOW While Not while at work at work	DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3, 1953	to 2 3. 19 6 that I last saw the decease	sed
	V	
SIGNATURE	rom the causes and on the date stated above.	/
Mednuxarien M.D. Ce	entrevelle pol 8-5-50	
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREM.	ATORY LOCATION (City, town, or county) (Sta	ate)
This at the Continue of State of the state o	Sudlusville ond	-
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	RAL DIRECTOR	. 1



BUREAU V. S.

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please write the causes of death clearly and legibly.

correct age is especially important. Physicians:

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VS. A15-

RE, 18 ()8()5() Reg. Dist. No. 243 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8047	CERTIFICATE	OF	DEATH
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Work done during foods of working life. even if retired:	Y Management of the contract o	
CITY (If outside corporate limits, write RURAL in this place) TOWN A COLOR OR	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY (If outside corporate limits, write RURAL in this place) TOWN A COLOR OR	COUNTY OLIEN CULLED MARYLAND	STATE Mendand COUNTY Queen Cure
MOSPITAL OR STREET (If Tural sive location)	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
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ADDRESS BULLOTION OR STREET ADDRESS 3. NAME OF (First) (Middle) (Last) (A. DATE (Month) (Day) (Year) DECARAGED. (Type of Princh) (First) (Middle) (Last) (A. DATE (Month) (Day) (Year) DECARAGED. (Type of Princh) (First) (Middle) (A. DATE (Month) (Day) (Year) (Type of Princh) (Middle)	The state of the s	
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DECEASED: O. COLOR OR P. STROCE BARNESS OF STROCE STRONG OF STRON	STREET ADDRESS	Discousocle
S. SEX. S. SEX. R. COLOR OR 7. SINGLE: MARBHADE S. DATE OF BIRTH: S. AGE SET VARA IF UNDERSTANCE. SO SEX. R. AGE: WHOOMED. DIVORCED. S. DATE OF BIRTH: S. AGE SET VARA IF UNDERSTANCE. SO SEX. JUNE OF BIRTH: S. AGE SEX SEX SEX SEX SEX SEX SEX SEX SEX SE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
County C	(Type or Print) HNNIE ISROWN C	SKIPPIN DEATH: Way // 19 JJ
OR INDUSTRY: Were if retired: A there's maiden name 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. AMMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANTÍA ADDRESS: 18. MEDIGAL CERTIFICATION 19. MADORECAUSE ANTECEDENT CAUSE ANTECEDENT CAUSE OUE TO STATING UNDERLYING CAUSE LAST. 10. OCCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION COUNTS DEATH. 19. DATE OF OPERATION: 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NOT NOTE CHARGE LEXAMINERY M. STATING UNDERLYING CAUSE LAXEN 19. PLACE (Home, farm, factory, cle. In) ISRN OCCUR? 19. MAJOR FINDINGS OF OPERATION 210. TIME (Month) (Day) (Year) (Hour) OR CONTRIBUTING CAUSE LAXAMINERY) 22. I hereby certify that I attended the deceased from Wille Mile at work 22. I hereby certify that I attended the deceased from J. 19. That I last saw the deceased alive or of the causes and on the date stated above. DORESS DATE SIGNED 23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE SIGNED DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDR	RACE: WIDOWED, DIVORCED,	70 yrs. Months Days Hours Min.
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21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 21D. To work at work 22. I hereby certify that I attended the deceased from 1974, to 1974, to 1974, that I last saw the deceased alive ord 1974, and that death occurred at 1974, from the causes and on the date stated above. DATE SIGNED ATE SIGNED Wh. D. 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or county) (State) Occurred by Local REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		. YES NO
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22. I hereby certify that I attended the deceased from 1970, to 1970, to 1970, that I last saw the deceased alive ord 1970, and that death occurred at 1970, from the causes and on the date stated above. 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or county) (State) ROMOVAL (SRECIFY) OULLE COUNTY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGISTRAR 24. FUNERAL DIRECTOR Outle County Outle County ADDRESS	N+ h.C.+	1000
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	REGISTRAR WINDS	Bactor Bes Cutterelle Med

BUREAU V. S. STEE AT DINY

VS. A15

8043

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08051

Reg. Dist. No. 254

COUNTY Queen Anne Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y Queen Anne
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town). (in this piace)	OR CITY (If outside corporate limits, write RURAL and gi	we nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
3. NAME OF (First) DECEASED (Type of Print) Bertha Wilson	Hargraves 4. DATE (Month) OF DEATH Aug.	(Day) (Year) /2 19.55
6. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	June 11, 1913 6 d yrs. 1 2	Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or done during most of working life, even if retired industry House.	Maryland.	COUNTRY? USA.
John Hadrick	Saddelia NAME	
15. Was Deckased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (Hyes, give war or dates of 2/9-03-753.	17. INFORMANT, AND ADDRESS Daughter & Beulah Warren Phila., F	Zuna.
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	rdial insufficiency	3 - 4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	mary edema	6-7days.
stating the underlying cause last (c) Brouckog	enic carcinoma	12 mod.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June	19.52 to Quq. 12, 19.55, that I last	saw the deceased
alive on Aug. 12, 19.55, and that death occurred at./ SIGNATURE (Degree or title)	ADDRESS m., from the causes and on the date si	tated above.
G. Ww. Marshin, J	CRY OF CREMATORY LOCATION (City, town, or coun	8/12/55
REMOVAL (Specify) And 16-1855 Parameter Date Rec'd by Local Date	Chapel Cervilly Succession	WW. State)
die 16-1955 Telen M. Cledridge	John & Williams C	istar Hed.

SECEDAED SECEDAED

BUREAU V. S.

8949	08052
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 2.5.7
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY QUEEN HONES MARYLAND STATE ARUAN COUNTY QUEEN	HUNES
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neared town) CITY (If outside corporate limits write RURAL and OR and give neared town) CITY (If outside corporate limits write RURAL and OR TOWN RORAL CENTRE VILLE	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS	/
8. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF (Type or Print) Edward DEVINE KERNS 384 DEATH AUg. 2-3	1955
6. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: 1 Months Da Months Da Sept. 7 1920 34 yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, work done during most of work life, even if retired): SAESMAN INDUSTRY:	COUNTRY!
13. FATHER'S NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) WWT	treville Md.
18. MEDICAL CERTIFICATION	INTERVAL DETWEEN
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a)	
DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last to THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
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VS. A15A - 5 - 53

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DEPARTMENT OF HEALTH-BALTIMORE, 18

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n care	HOSPITAL OR AINSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
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VS. A15A - 5 - 53

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